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CONFIRMATION NO. 2834

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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/411,304 09/16/2002  
 and claims benefit of 60/411,305 09/16/2002  
*B JB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*B JB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/13/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>B JB</i> Examiner's Signature Initials	STATE OR COUNTRY SC	SHEETS DRAWING 0	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 7
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 2264  
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TITLE  
 TREATMENT OF CNS DISORDERS WITH TRANS 4-(3,4-DICHLOROPHENYL)-1,2,3,4-TETRAHYDRO-1-NAPHTHALENAMINE AND ITS FORMAMIDE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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